

CONNECTICUT
PSYCHOLOGICAL ASSOCIATION

TESTIMONY OF THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION
AND DR. MARK SPELLMAN, PHD

Before the Insurance and Real Estate Committee

*In Support of HB 7125, AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND
SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT LIMITATIONS,
DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, AND
SUBSTANCE ABUSE SERVICES.*

March 5, 2019

Dear Senator Lesser, Representative Scanlon and Members of the Insurance and real Estate Committee:

My name is Dr. Mark Spellman, PhD., and I testify today on behalf of the Connecticut Psychological Association, the state professional organization for psychologists practicing in the state of Connecticut and as a provider for patients in need of proper behavioral health diagnosis and treatment services.

I am here to offer perspective on the need for a mental health parity bill, HB 7125.

Introduction

This testimony will cover 3 issues:

1. Why is parity coverage still a major issue, what is the problem that needs solving?
2. The problem of access to psychological services is greatest for working class families.
3. The need to protect Connecticut's investment in Husky supported treatment.

What is the problem we are solving for?

Psychologists and insurance companies share a strong grounding in data and evidenced-based treatment. Both we and they know the data that 50% of doctor visits have involve patients' psychological problems, and we and they both know the empirical



evidence that patients who receive high quality psychotherapy have better long-term health outcomes and lower long-term health costs. This might make you think that insurance companies would offer plans that encourage optimal access to psychological care to their members. Unfortunately, insurance companies do not expect to keep their members over time. So, UHC thinks, "Why should I invest prevention dollars in care that will end up benefiting Blue Cross?"

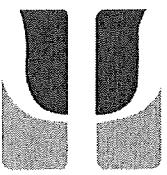
So, the problem for insurance companies is that the prevention benefit of optimal access to psychological services yields a long-term dividend for the population, but their business case is based on a short-term return for only their current members. The only entity whose interest is aligned with long-term better health outcomes and lower health care costs for the entire population—all Connecticut citizens—is the Connecticut legislature. If the legislature writes mental health parity rules that all Connecticut insurance companies must follow, then **everybody wins**. Prevention dividends will be shared by all Connecticut insurance companies, the state of Connecticut, and our citizens. Otherwise, companies who provide the poorest mental health coverage benefit at the expense of companies that provide the best coverage. And the state and our citizens lose.

Access to psychological help for working class families

There is a real disparity in access to mental health care with psychologists. Upper class and upper middle-class families typically have excellent insurance with good out-of-network benefits. After 1-3 months, most have met their deductible (probably bridged by an FSA), and receive good coverage for treatment with a psychologist. Working class/middle class families typically have insurance that limits them to in-network providers. Some major plans are offering such meager coverage that growing numbers of psychologists do not participate in those plans. Thus, access to high quality psychological services is increasingly limited for working class/middle class families.

To the extent psychologists do participate in panels, they are doing so out of sense of mission to serve those who cannot afford standard fees. But these psychologists increasingly feel the unfairness of a system that relies on their willingness to accept very low reimbursement. And early career psychologists with high (typically \$200,000+) student loan debt are particularly impacted by low in-network reimbursement. Parity legislation could restore access to access to high quality psychological services for typical Connecticut families.

Protecting Connecticut's investment in Husky supported treatment



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The state of CT has a significant investment in our citizens who receive mental health services through Husky. Mental health problems are often a major reason why people who have the potential to work are currently unable to work. Often, therapy supported by Husky provides the support folks need to return to the workforce. Then they lose Husky. And then, their new commercial insurance no longer covers their treatment. They lose the support that got them back on their feet, and the Connecticut taxpayers' investment is jeopardized (Some major carriers reimburse less than 60% of the Husky rate). Further, many of these people experience serious multiple mental health problems, for which psychologists are particularly well trained and equipped to treat, further supporting the value to the state for requiring insurers to support continued treatment by psychologists.

The progress our neighbors make, and the investment our taxpayers make, would be protected by a requirement that people returning to the workforce from Husky should be guaranteed a year's treatment at the Husky rate by all CT insurance companies for treatment previously supported by Husky.

It is tragic when a patient goes off Husky because therapy helped them return to the work force, gets commercial insurance that doesn't cover their therapy, and then loses the support that got them off Husky.

FindingS from the CPA Experience with Insurance Reimbursement Survey

Monday, February 18, 2019

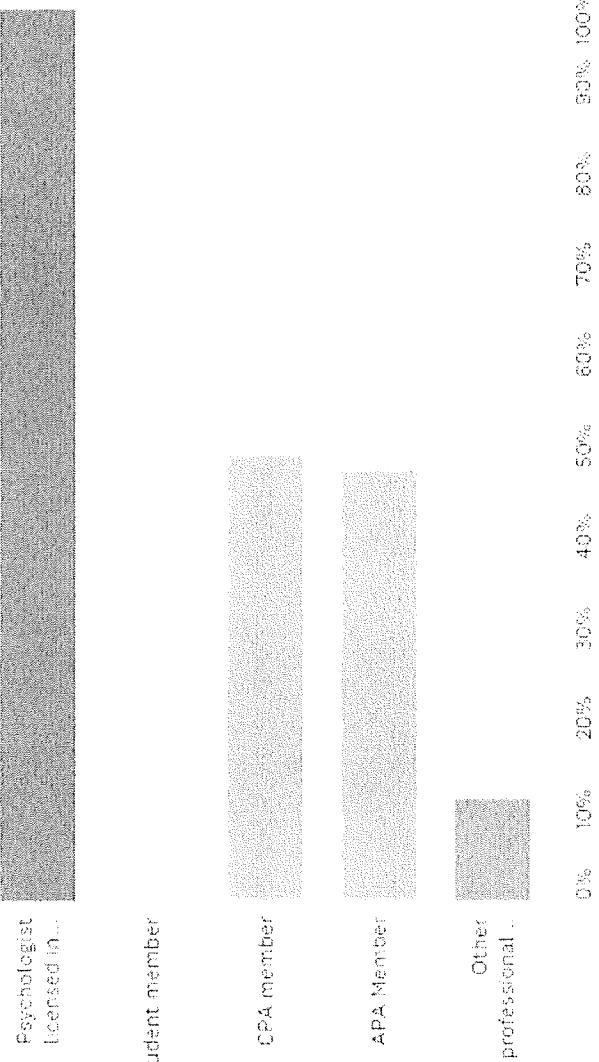
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EXECUTIVE SUMMARY

- The survey generated a good response (N=61), of CT psychologists, half were CPA and APA members.
- Most respondents belong to insurance panels.
- There is wide-spread strong dissatisfaction with in-network reimbursement, particularly with UHC/Oxford/Optum.
 - Over half of respondents found UHC reimbursement unacceptably low
 - Highest level of psychologists resigning from their networks.
- Medicare was rated highest for in-network for reimbursement.
- Cigna was rated highest for out-of-network reimbursement, union plans lowest.
- Husky was the easiest and most helpful plan to contact.
 - Psychologists dread the time and hassle factor of contacting commercial plans.
- Psychologists feel a conflict between their sense of mission to provide care for lower income patients with substandard insurance and being taken advantage of by unacceptably low reimbursement from specific carriers.

Half of survey members belong to CPA, Half to APA

Answered: 61 Skipped: 3



Half of survey members belong to CPA, half to APA. Only 3 APA members were not CPA members.

Answered: 61 Skipped: 3

ANSWER CHOICES	RESPONSES
Psychologist licensed in Connecticut	98.36%
Student member	0.00%
CPA member	49.18%
APA Member	47.54%
Other professional status (please specify)	11.48%
Total Respondents: 61	7

N = 61 qualified responses—Provide services that could be reimbursed

Answered: 63 Skipped: 1

Yes



No. If no,
thank you. You
[redacted]

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

66% of professional time providing psychotherapy, 26% assessments

Answered: 63 Skipped: 1



66% of time Psychotherapy, 26% Assessments

86% belong to an insurance panel: In-network for Medicare, Husky Health or Commercial Insurance

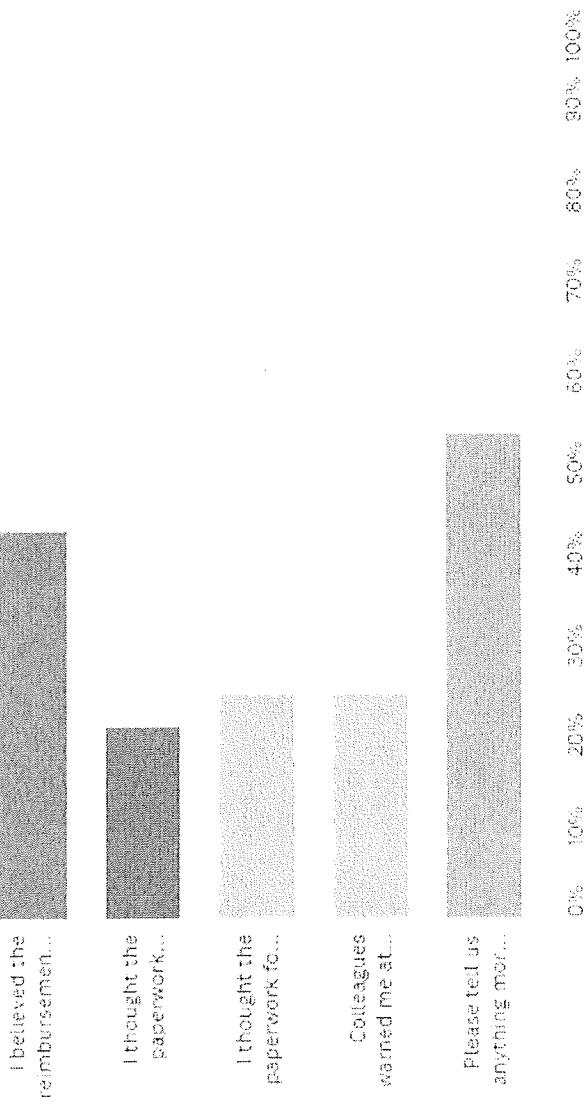
Answered: 63 Skipped: 1



Commercial 10% Husky Health 20% Medicare 30% Other 40% Self Pay 50%

Low reimbursement top reason for never joined, or tried to join, a commercial in-network plan

Answered: 28 Skipped: 36



Q4: If you have never joined, or tried to join, a commercial in-network plan, why not?

Answered: 28 Skipped: 36

ANSWER CHOICES

I believed the reimbursement would be too low

I thought the paperwork required to join would be too much

I thought the paperwork for authorization/re-authorization would be too much

Colleagues warned me it was not worth it

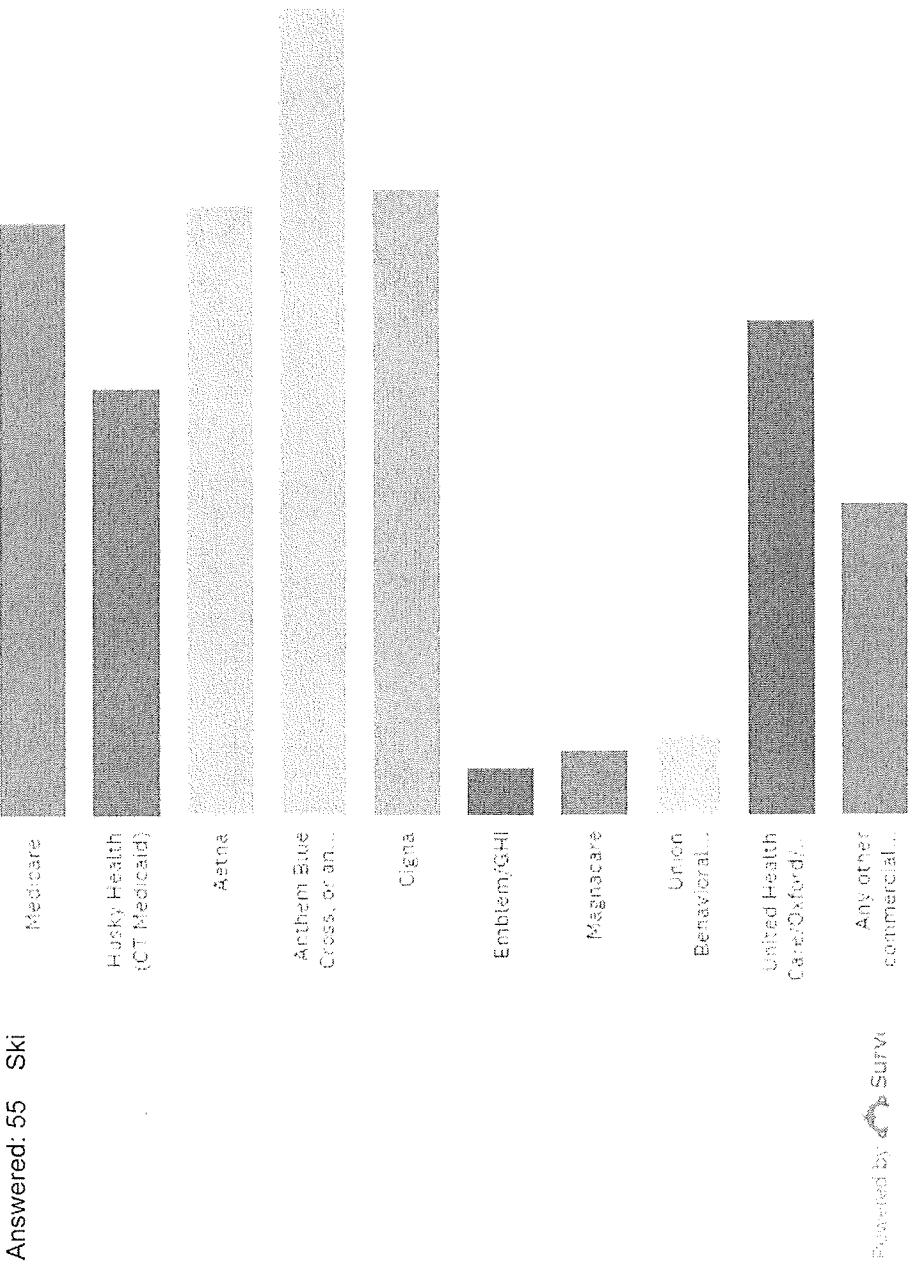
Please tell us anything more that you'd like to about why you have never tried to join a panel.

Total Respondents: 28

RESPONSES

ANSWER CHOICE	RESPONSES	PCT
I believed the reimbursement would be too low	12	42.86%
I thought the paperwork required to join would be too much	6	21.43%
I thought the paperwork for authorization/re-authorization would be too much	7	25.00%
Colleagues warned me it was not worth it	7	25.00%
Please tell us anything more that you'd like to about why you have never tried to join a panel.	15	53.57%

Psychologists accept a range of plans, Blue Cross largest plan



Q5: What plans do you accept--what in-network benefits do you accept?

Answered: 55 Skipped: 9

ANSWER CHOICES	RESPONSES
Medicare	65.45% 36
Husky Health (CT Medicaid)	47.27% 26
Aetna	67.27% 37
Anthem Blue Cross, or any Blue Cross	39.09% 22
Cigna	69.09% 38
Emblem/GHI	5.45% 3
Magnacare	7.27% 4
Union Behavioral Health Plans	9.09% 5
United Health Care/Oxford/Optum	54.55% 30
Any other commercial insurance (please specify)	34.55% 19
Total Respondents: 55	

41% have been declined in-network status because the panel was not accepting new psychologists

Answered: 46

Another Blue
Cross, or an...



Aetna



Cigna

Emblem/GHI

Magnacare

Union
Behavioral...

United Health
Care/Oxford/...

I have never
been turned...



Other
commercial...

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0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

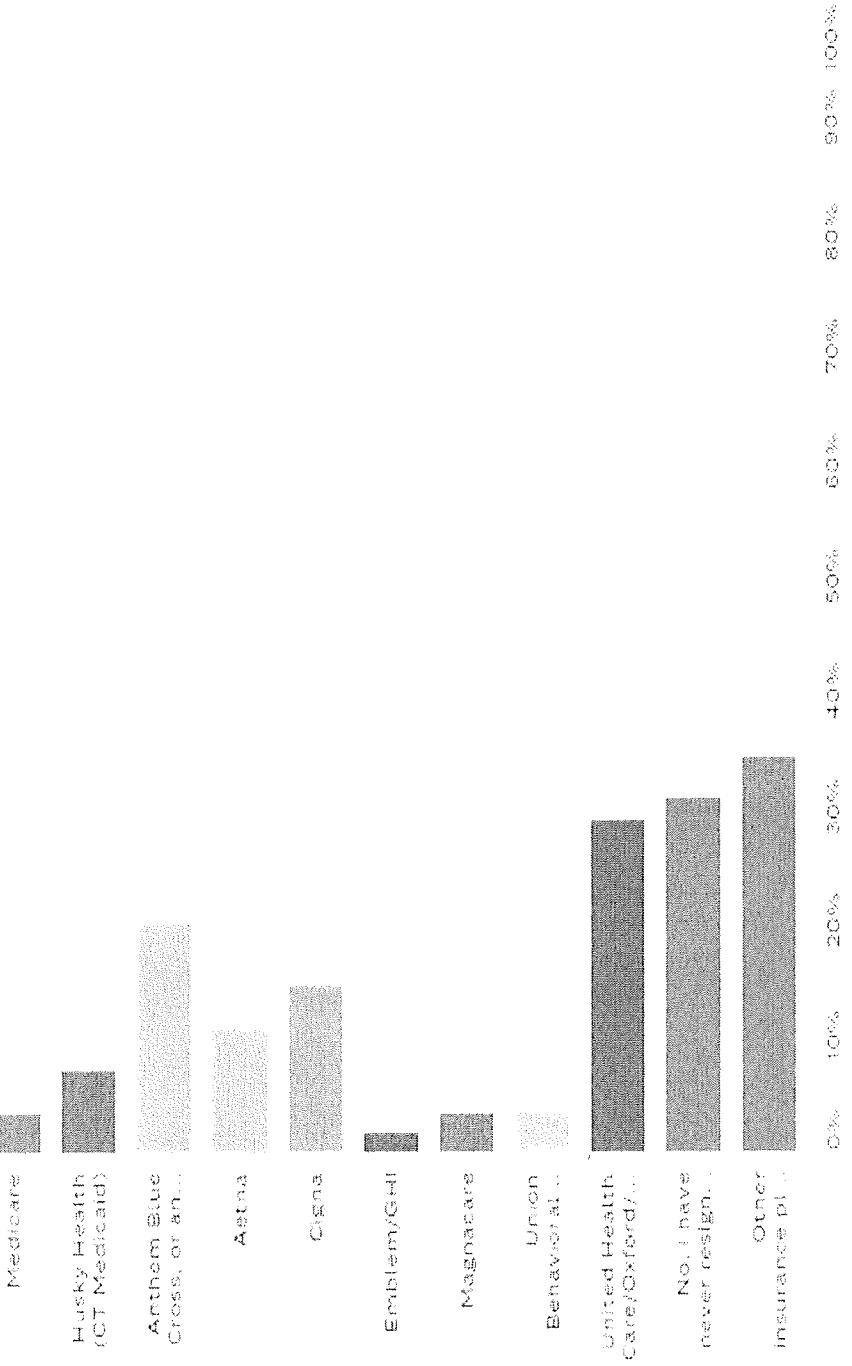
Q6: What plans have you tried to join, but were declined because the panel was not accepting new psychologists?

Answered: 46 Skipped: 18

ANSWER CHOICES	RESPONSES
Anthem Blue Cross, or any Blue Cross	0.00% 0
Aetna	6.52% 3
Cigna	15.22% 7
EmblemGHI	0.00% 0
Magnacare	0.00% 0
Union Behavioral Health Plans	0.00% 0
United Health Care/Oxford/Optum	4.35% 2
I have never been turned down by a plan or panel I tried to join	58.70% 27
Other commercial insurance (please specify)	21.74% 10
Total Respondents: 46	

70% have resigned or plan to from panels because of dissatisfaction with reimbursement rates-UHC has highest resignation rate

Answered: 55



Q7: Have you resigned, or do you plan to resign next year, from any panels because you were dissatisfied with reimbursement rates?

Answered: 55 Skipped: 9

ANSWER CHOICES	RESPONSES	
Medicare	3 64%	2
Husky Health (CT Medicaid)	7.27%	4
Anthem Blue Cross, or any Blue Cross	20.00%	11
Aetna	10.91%	6
Cigna	14.55%	8
EmblemGHI	1.82%	1
Magnacare	3.64%	2
Union Behavioral Health Plans	3.64%	2
United Health Care/Oxford/Optum	29.09%	16
No, I have never resigned or intend to resign from a plan or panel	30.91%	17
Other insurance plan (please specify)	34.55%	19

Total Respondents: 55



**43% rated Medicare above average for reimbursement for plans.
Aetna was highest rated. Over half rated UHC “unacceptably low.”**

Answered: 56



Medicare



Husky Health
(CT Medicaid)



Anthem
Blue Cross, or an...



Aetna



Cigna



Emblem/GHI



Magnacare



Union
Behavioral...



United Health
Care/Oxford/...



Other
insurance

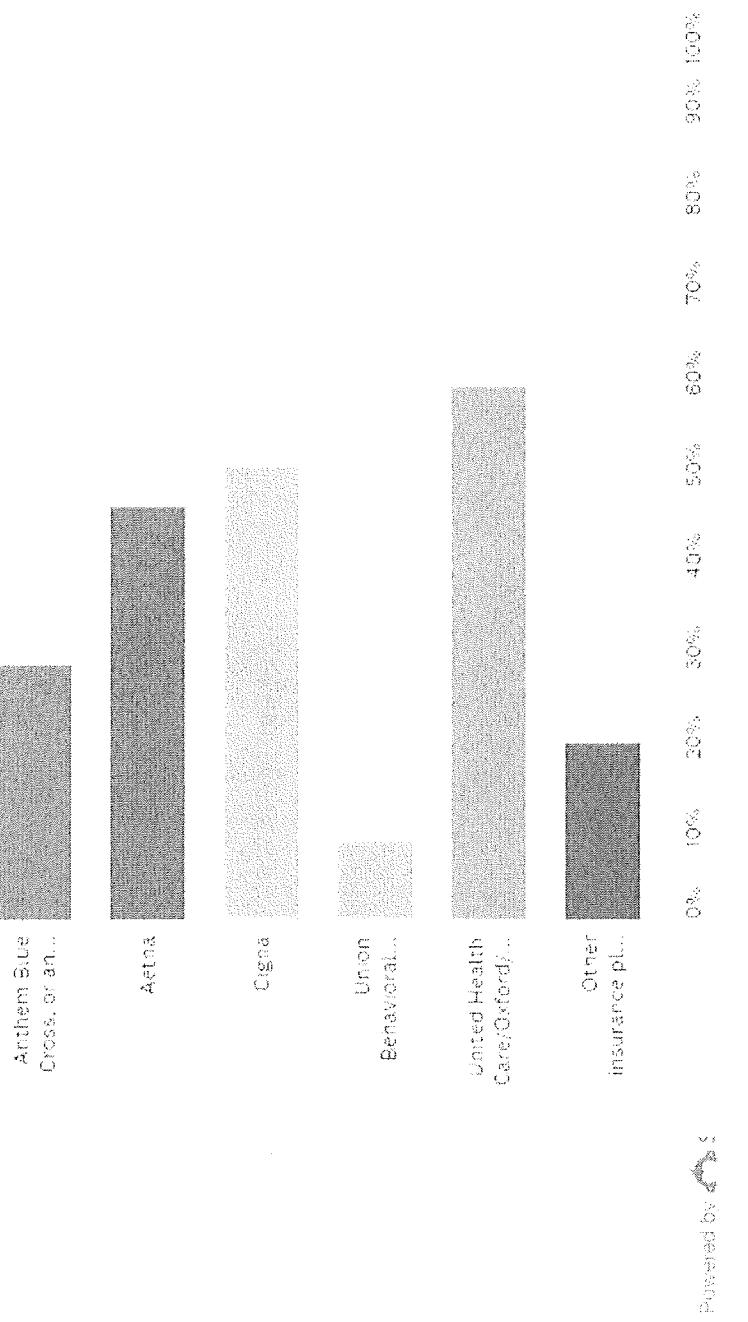
Q8: Please rate the in-network reimbursement you receive from each insurance plan in which you participate.

Answered: 56

	AVERAGE FOR IN- NETWORK BENEFITS	AVERAGE FOR IN- NETWORK BENEFITS	BELLOW AVERAGE FOR IN- NETWORK BENEFITS	UNACCEPTABLY LOW	TOTAL	WEIGHTED AVERAGE
Medicare	43.24%	32.43%	10.81%	13.51%	5	1.95
Husky Health (CT Medicaid)	30.00%	30.00%	16.67%	23.33%	7	2.33
Anthem Blue Cross, or any Blue Cross	9.43%	49.06%	30.19%	11.32%	6	5.3
Aetna	32.56%	42.50%	7.50%	17.50%	7	2.10
Cigna	7.69%	30.77%	43.59%	17.95%	7	3.9
EmblemGHI	0.00%	16.67%	50.00%	33.33%	2	3.17
Magnacare	0.30%	20.00%	40.00%	40.00%	2	3.20
Union Behavioral Health Plans	0.00%	50.00%	10.00%	40.00%	4	1.0
United Health Care/Oxford/Optum	2.70%	24.32%	21.62%	51.35%	19	3.22
Other insurance company you identified in Q5	15.38%	38.46%	15.38%	30.77%	4	1.3

UHC most frequently billed out-of-network plan

Answered: 46 Skipped: 18



Percentages

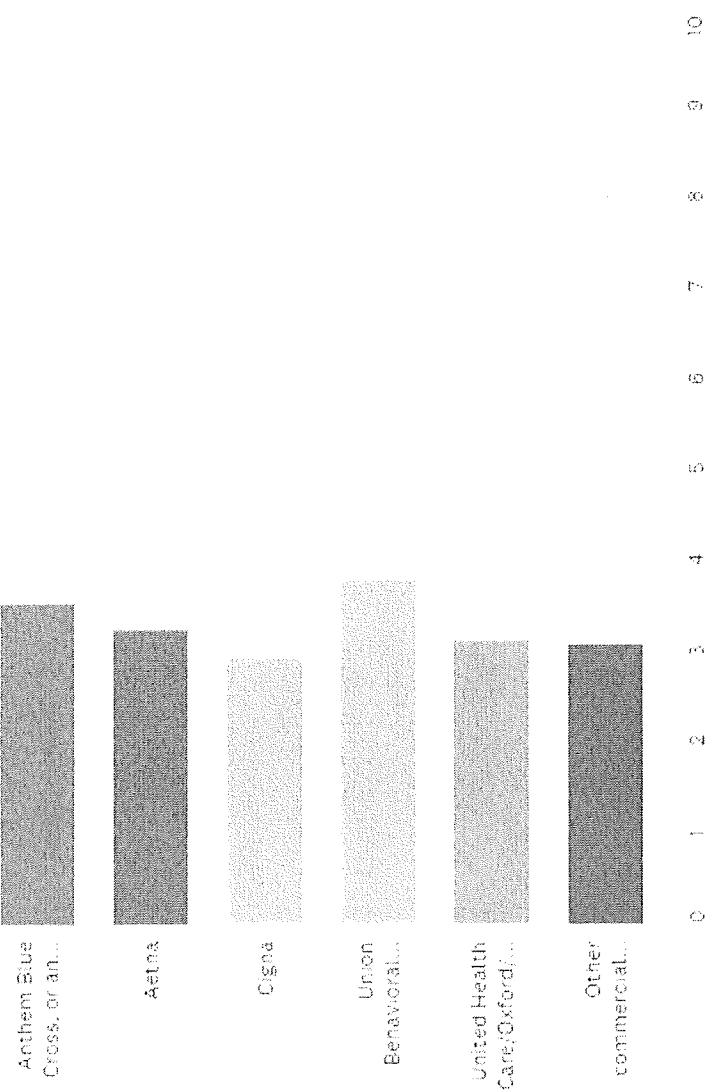
Q10: What insurance plans have you, or the patients you see, billed for out-of-network benefits?

Answered: 46 Skipped: 18

ANSWER CHOICES	RESPONSES
Antem Blue Cross, or any Blue Cross	28 26%
Aetna	45 65%
Cigna	50 00%
Union Behavioral Health Plans	8 70%
United Health Care/Oxford/Optum	58 70%
Other insurance plan (please specify)	19 57%
Total Respondents: 46	9

Cigna was highest rated for out-of-network reimbursement, union plans lowest

Answered: 43 Skipped: 21



Q11. Please rate the out-of-network treatment you or your patient receive from each insurance plan below, taking into consideration both deductibles and amount covered

Answered: 43	Skipped: 21	ABOVE AVERAGE FOR OUT-OF-NETWORK BENEFITS	BELOW AVERAGE OUT-OF-NETWORK BENEFITS	UNACCEPTABLY LOW	I AM IN-NETWORK FOR THIS PLAN, SO I CANNOT BILL AS OUT-OF-NETWORK	TOTAL	WEIGHTED AVERAGE
Anthem Blue Cross, or any Blue Cross	11.11% 3	22.22% 6	14.81% 4	3.70% 1	48.15% 13	27	3.56
Aetna	13.33% 4	23.33% 7	23.33% 7	3.33% 1	36.67% 11	30	3.27
Cigna	29.03% 9	19.35% 6	9.68% 3	12.90% 4	29.03% 9	31	2.94
Union Behavioral Health Plans	0.00% 0	20.00% 2	20.00% 2	20.00% 2	40.00% 4	10	3.80
United Health Care/Oxford/Optum	3.33% 1	36.67% 11	23.33% 7	16.67% 5	20.00% 6	30	3.13
Other commercial insurance plan	10.00% 1	30.00% 3	20.00% 2	20.00% 2	20.00% 2	10	3.10

Husky was highest rated for being able to easily and quickly reach a representative

Answered: 53



Medicare



Husky Health



Another Site
Cross, or an...
Other



Actua



Cigna



Emblem, C-HI



KarenCare



Ucon
Behavioral
Health



United Health
Care, Oxford, ...



Any other
commercial...

Q12. When you have to call provider services with a billing or coverage problem that, how satisfied are you with how easily and quickly you can reach a representative?

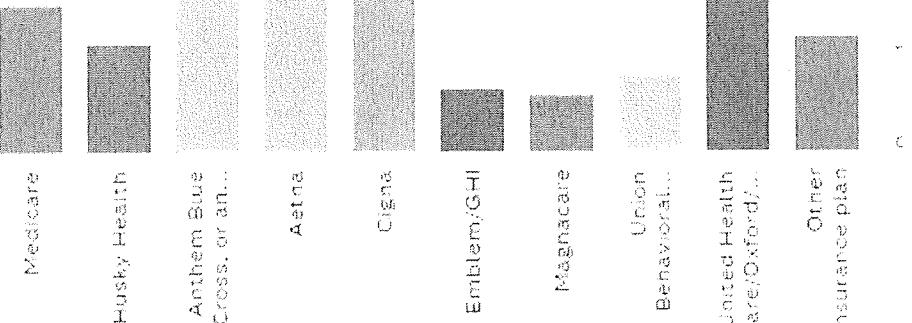
Answered: 53

	VERY SATISFIED	SOMEWHAT SATISFIED	NOT AT ALL SATISFIED	HAVE NEVER CALLED THIS PLAN	TOTAL	WEIGHTED AVERAGE
Medicare	24.24% 5	27.27% 9	21.21% 7	27.27% 9	33	1.42
Husky Health	26.03% 9	25.81% 8	9.68% 3	35.48% 11	31	1.10
Antem Blue Cross, or any Blue Cross	7.84% 4	41.18% 21	37.25% 18	13.73% 7	51	2.02
Aetna	19.51% 5	41.46% 17	19.51% 8	19.51% 8	41	1.61
Cigna	20.93% 9	37.21% 16	20.93% 9	20.93% 9	43	1.58
EmblemGHI	18.75% 3	6.00% 0	6.25% 1	76.00% 12	16	0.38
Magnacare	6.67% 1	6.67% 1	6.67% 1	86.00% 12	15	0.40
Union Behavioral Health Plans	5.00% 1	30.00% 8	5.00% 1	60.00% 12	20	0.30
United Health Care/Oxford Optum	8.11% 3	45.95% 17	29.73% 11	16.22% 6	37	1.89
Any other commercial	6.67% 1	20.00% 3	20.00% 3	53.33% 9	15	1.07

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Husky was highest rated for how helpful their representatives are, Blue Cross lowest

Answered: 51



When you have to call provider services about your coverage problem that, how satisfied are you with how helpful their representatives are?

Answered: 51

	VERY SATISFIED	SOMEWHAT SATISFIED	NOT AT ALL SATISFIED	NEVER CALLED THIS PLAN	TOTAL	WEIGHTED AVERAGE
Medicare	25.00% 8	21.88% 7	25.00% 8	28.13% 9	32	1.44
Husky Health	33.33% 9	25.93% 7	7.41% 2	33.33% 9	27	1.07
Anthem Blue Cross, or any Blue Cross	6.52% 3	43.48% 20	36.96% 17	13.04% 5	46	2.04
Aetna	12.50% 5	50.00% 20	17.50% 7	20.00% 5	40	1.65
Cigna	17.07% 7	34.15% 14	24.39% 10	24.39% 10	47	1.59
Emblem/GHI	12.50% 2	6.25% 1	12.50% 2	68.75% 11	16	0.63
Magnacare	0.00% 0	18.75% 3	6.25% 1	75.00% 12	16	0.56
Union Behavioral Health Plans	10.00% 2	25.00% 5	5.00% 1	60.00% 12	20	0.75
United Health Care/Oxford/Optum	6.06% 2	42.42% 14	30.30% 10	21.21% 7	33	1.82
Other insurance plan	6.25% 1	25.00% 4	18.75% 3	50.00% 8	16	1.13

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Open ended responses: Moral Obligation, Need for advocacy.

Some responders feel a moral obligation to accept in-network rates to provide access

- I feel a moral obligation to continue as a Medicare provider. I live in an area where there are many elderly. I am a Medicare recipient. I am sorry to have resigned from so many other panels; sorry on behalf of the people who pay a lot of money for a benefit they cannot use. That is especially true here in the NW Corner of CT. Many of my colleagues have stopped taking any insurance at all. I made a lot more money in the 70's and early 80's than I do now.
- I have joined many panels. I think that the reimbursement rate is too low. However, being on the panels has made it possible for me to see a wide range of patients, including children.
- Joined to provide access to care that boutique practices exclude.
- I take all in-network insurance plans so I can see the community. That's my mission. But \$9/\$19 reimbursement from UHC is beyond the pale. I resigned.

Survey responders often urged CPA advocacy

- I think we have to lobby for increase in rates of reimbursement. Out of network reimbursement is far superior and reinforces abandoning membership on panels.
- CPA should look at what is called reasonable and customary-it simply isn't and the insurance companies know this

Open ended responses: Criticism of UHC coverage was extensive

- Oxford/UHC have very low rates, and only allow 45-minute sessions. Some plans have big co-pays. One Oxford plan only allowed \$69 per session, and the copay was \$40. I think of this as close to pro bono.
- Pay is lower than any other plan. I want to quit their panel.
- I have resigned from these networks because their rates are insulting. (Not to be overly dramatic.) For a Ph.D. Clinical Psychologist with 40 years of practice to receive \$69 is beyond belief.
- UHC caps rates at \$69 by only accepting 45-minute CPT code-90834. They have reimbursed amounts of \$9 and \$19 for several of my in-network patients, leaving the patient with a \$60-\$50 copay. That's not coverage, that's a sham.
- I am increasingly encountering a UHC out-of-network plan that caps out of network psychotherapy at "70% of Medicare" with a very large deductible. This is bogus--there is no relationship between Medicare rates and UHC rates. The net effect is a patient can NEVER meet their out of network deductible, so in effect, UHC is NOT offering any out-of-network mental health coverage on these policies. But they pretend they do.
- I once ran a couple session with a colleague. We are both in network with UBH. She got \$85, I got \$69. I trained her as an intern! UBH would not discuss it. Both of us are PhD clinical psychologists with APA programs and internships. This sucks.
- United Healthcare is by far the worst.

Open ended responses: Contacting Insurance Companies

Contacting insurance companies is a time sink

- I wait on hold forever.
- Over the past several years, they have made it more difficult to speak with a representative. In a few cases, their IVR actually doesn't even tell me of the option to speak with someone until 3 or more menu items later.
- Representatives are not knowledgeable about the requirements for testing codes.
- Companies are more likely to attend to a client than they are to a provider

Blue Cross came in for particularly strong criticism

- Anthem used to be similar to others but in the past 1-2 years their customer service has been abysmal
- BCBS you can call 3 times with the identical question and get 3 different responses. Been told multiple times no preauthorization needed to then get denied for not getting a preauth.
- Empire Blue Cross is the worst. You cannot reach a human. All the Blue's are a problem. The worst is when you have to get transferred. You never ever get sent to the right place.

ALL RESPONSES TO OPEN-ENDED QUESTIONS

APPENDIX:

Q4: WHAT WOULD YOU LIKE TO TELL US ABOUT JOINING INSURANCE PANELS

- I have a few clients for whom I have had to deal with issues for their out of network coverage. In each instance I needed to spend a few hours of unreimbursed time, which included many unnecessary headaches, to resolve the issues. I'd rather significantly reduce my fee (and I do in some cases) than have to waste my time with bureaucratic nightmares
- I have joined many panels. I think that the reimbursement rate is too low. However, being on the panels has made it possible for me to see a wide range of patients, including children
- I have joined multiple panels, but I find it frustrating to have services denied. I am a neuropsychologist, and documenting medical necessity for testing approval does not always lead to covered services
 - I joined and resigned. Reimbursement too low.
 - I joined to provide access to care that boutique practices exclude.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW : UHC/OXFORD/OPTUM

- I answered unacceptably low to two companies even though I am no longer on the panel. Actually, I think the number is higher since United Health Care manages several, not all of which you have listed (CTCARE). I have resigned from these networks because their rates are insulting. (Not to be overly dramatic.) For a Ph.D. Clinical Psychologist with 40 years of practice to receive \$69 is beyond belief. By protesting I was able to change my status with Aetna so that I now receive \$95 which I can live with, however unhappily.
- Oxford and ConnectiCare have very low rates, and only pay for 45-minute sessions. Some of their plans have big copays. For example, one Oxford plan only allowed \$69.00 per session, and the patient's copay was \$40.00 I think of this as close to pro bono
- Pay is lower than any other plan. I want to quit their panel.
- Payment is lower than all other plans.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW : UHC/OXFORD/OPTUM (Continued)

- Not sure if I should have included United Healthcare/Optum in Q8 because I dropped them because their reimbursement rates are far below all others that I participate in, including HUSKY
- United healthcare pays me less than Medicaid at \$69. I know colleagues in CT who get \$85. UBH would not discuss it; APA was no help.
- United has a low rate of pay, high copays for many plans, and only allows 45-minute sessions (90834s). Innovative pays the average rate, but my billing service has to call them repeatedly for each session.
- Far below other plans, including Medicaid.
- Rates are significantly different from my per hour fee
- Reimbursement horrid
- Reimbursement is at least \$10-20 below other companies.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW : UHC/OXFORD/OPTUM (Continued)

- Though I didn't rate any plan "unacceptably low", UHC/Oxford/Optum is right on the cusp. Rates are significantly lower than average, and there is practically no coverage for a longer session if needed (by my def'n of needed, of course, not theirs apparently)
- UHC caps at \$69, and typically actually reimburses a small fraction of that amount, requiring patient copay of \$30-60. Most in-network commercial insurances reimburse \$105-97 (Aetna, Blue Cross) and typically pay 80-100%, requiring 0-20% co-pay from patients.
- Total 69 including 40 copay from patient is not worth a tenth of the work
- UHC caps rates at \$69 by only accepting 45-minute CPT code-90834. They have reimbursed amounts of \$9 and \$19 for several of my in-network patients, leaving the patient with a \$60-\$50 copay. That's not coverage, that's a sham.
- United healthcare pays me less than Medicaid at \$69. I know colleagues in CT who get \$85. UBH would not discuss it; APA was no help.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW : UHC/OXFORD/OPTUM (Continued)

- United has a low rate of pay, high copays for many plans, and only allows 45-minute sessions (90834s). Innovative pays the average rate, but my billing service has to call them repeatedly for each session.
- It's disgusting!
- They often pay less than MC rates and they frequently kick claims between the medical and behavioral health sides
- It is tragic when a patient goes off Husky because therapy helped them return to the work force, gets commercial insurance that doesn't cover their therapy, and then loses the support that got them off Husky.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW: BLUE CROSS, CIGNA AND HUSKY

- I am about to resign from BC/ BS because I have not gotten a "raise" in 20+ years.
- Anthem BC/ BS hasn't increased my fee since 2003. They have repeatedly denied my requests for an increase. Most recent denial was last week.
- Blue Cross has not increased the reimbursement rate for 90791, 90834, 90837 since I started practice in 1992.
- Cigna plans are really low. Most have not given any type of raise or improvement in fee's in many years.
- Cigna's rates are not only below reasonable and customary but are even below other insurance companies and Medicare
- 55% fee reduction from Husky for psychological testing.
- Medicaid will not reimburse more than 7 hours for a full psychological evaluation including diagnostic interview, administration, feedback, and report writing.

Q9: WHY DID YOU RATE IN-NETWORK PLAN REIMBURSEMENT UNACCEPTABLY LOW: GENERAL COMMENTS

- When my payment/income doesn't cover the cost of gas, overhead, childcare, & similar expenses, I am being underpaid. All in-network payment is unacceptably low, but these are as low as other insurance was 20 years ago
- All of these plans I am on were processed by a company that I had a less than amicable separation from and therefore, I have not resolved claim submission at all since February 2018 except Husky that I do by myself. I did not properly recertify for independent services with Medicare so other folks, companies have utilized my number for a fee split yet I have not submitted privately since before 2014.
- Benefits of plan for providers outweighed by costs of practice.
- Simply not worth the time for care and treatment provided
- The rate of reimbursement is pathetic, it hasn't increased for 25 years, and I view it as charity work

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: BLUE CROSS, Cigna, UHC

- Anthem used to be similar to others but in the past 1-2 years their customer service has been abysmal
- BCBS you can call 3 times with the identical question and get 3 different responses.
- Been told multiple times no preauth needed to then get denied for not getting a preauth.
- Anthem Blue Cross is the worst. Worse than Empire BC. You cannot reach a human. All the Blue's are a problem. The worst is when you have to get transferred. You never ever get sent to the right place.
- I recently saw a CIGNA enrollee and I billed the insurance. Now they are writing and asking for a reimbursement/ refund. The patient only paid their co-pay. Why am I responsible also?
- When pursuing out-of-network issues, some companies (i.e. UHC) will not discuss benefits or claims without the patient's expressed written or verbal approval given to them

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: Time Sink

- I try to avoid it if at all possible. It is a very frustrating waste of time.
- I wait on hold forever.
- The average hold time is usually more than 10 minutes. I cannot call in between clients. I have to use time that would otherwise be used for a client. Not only do I lose potential income for that time but I am also not reimbursed for that time. Again, more economic for me to offer a significantly reduced fee than to deal with these time wasters.
- Over the past several years, they seem to have made it more difficult to speak with a representative. In a few cases, they (their IVR actually) don't even tell me of the option to speak with someone until 3 or more menu items later.
- I spend 20-30% of my time on these administrative tasks which limits my ability to engage in meaningful clinical work/continuing education.
- It is extremely onerous and seems designed to deter calling or following through (e.g. on hold times, etc.)!

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: TIME SINK

- Very time consuming and often their error on why a bill wasn't paid.
- Very frustrating credentialing process; long and tedious; very frustrated by flat or declining reimbursement rates
- Try to avoid having to call to avoid the hassle.
- Wait times on phone. Foreign representatives who read from a script (often difficult to understand due to accents and poor phone connections) and who seem inflexible in trying to solve difficulties.
- With some of these companies it's not even worth it to try. It will take forever on the phone and you will get nowhere in any case.
- What a hassle, does not enhance care!
- Difficult.

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: GENERAL

- It's rarely easy, so being "somewhat satisfied" is a relative experience.
- Representatives often change and are not knowledgeable about the requirements for testing codes.
- Since these calls take a lot of non-reimbursable time, I generally get my clients to make the calls. Moreover, the companies are more likely to attend to a client than they are to a provider
- Insurance carriers call me to see whether I would see their insured for ADHD/LD "testing," even though it wouldn't be covered as not medically necessary

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: BILLING COMPANIES

- I appreciate that a peer is looking into this problem. I worked as an "independent contractor" for a couple of places that did not end well so I wonder about the ethics of such arrangements. Billing companies on average seem to solicit for between 5 and 7 % yet practitioners seem to want 40-50% of the profit asserting overhead of office space as well. There seem to be an abundant amount of providers now and assessment codes seem to be not well thought of specific to our discipline. I had to have a billing agent advocate for more payment given that she had been utilizing Masters level credentialing rather than my Psy.D. I hope some good comes from this as I believe consumers are indifferent or confused - I am hoping to resolve matters to make my practice fiscally solvent again.
- It really helps to have a billing service to do this. Mine is BPSBilling, L.L.C., in West Hartford. In addition to making the calls, they have up-to-date computer servers to send the claims in to the insurers. It is a huge savings of time for me to let them be the billing experts while I am the shrink.

Q14: EXPERIENCES CONTACTING INSURANCE COMPANIES: BILLING COMPANIES (CONTINUED)

- I have a billing person who does this.
- It really saves me a lot of time to have a professional billing service.
- Yes, I now pay a medical billing agency to deal with the insurance companies. I find it too frustrating as I don't know how to play their game when they decline an out of network claim. I recommend Shared Response Health Systems in Killingworth CT. 860-663-3634. Ask for Sandy Castlevetro

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: AETNA, BLUE CROSS

I. Aetna

Aetna had the audacity to tell me to stop treatment. I told them they could stop paying but that I was the person who determined whether the patient needed treatment

II. Blue Cross

Anthem used to be amongst my favorite to deal with. They seemed to take a nose dive several years ago and now they are the absolute worst I have ever dealt with BCBS and Cigna have been telling patients no changes to the CPT codes which is not the case so patients calling us mad

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: CIGNA

- For one client, Cigna continues to send me the reimbursement instead of the insured despite the following: my invoices are marked PAID IN FULL, the client requests they be paid and not me, I have repeatedly returned the checks with VOID written across them and a cover letter requesting they not send anymore. I send this by certified mail. If I do not do this I will receive a Form 1099 that complicates my taxes. Recently I received a letter requesting reimbursement for one of the checks that I had returned. I then had to spend more time composing a letter, making copies of the returned checks and return receipt and going to the post office to send yet another certified mail/return receipt letter. I have probably spent 3-4 hours on this that will not be reimbursed. That's about \$900-1200 at my full billing rate. If I saw a client for \$20/session I'd be doing better than trying to deal with these kind of paperwork nightmares that cause me to lose income.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: CIGNA (CONT.)

- Well known but not talked about - because of the low rates, psychologists and other mental health professionals are taking fewer insured patients and patients are having more difficulty finding treatment. This is especially true for children, adolescents, and complicated cases that require uncompensated time in addition to the low reimbursement. In my own practice the non-managed care work (non therapy work) pays 2-3 times the Cigna rate for instance. CPA should look at what is called reasonable and customary - it simply isn't and the insurance companies know this.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: UHC

- I once ran a couple session with a colleague. We are both in network with UBH. She got \$85, I got \$69. I trained her as an intern! UBH would not discuss it. Both of us are PhD clinical psychologists with APA programs and internships. This sucks.
- United Healthcare is by far the worst. None of the other commercial insurance companies are that wonderful either
- UHC reimbursed me \$69 per session. But the reimburse the psychologist who treats the spouse of one my clients \$83.25, (both billing 90834). We are both licensed psychologists in CT. That's just wrong.
- I'll not be accepting UHC insured patients anymore due to the lowest reimbursement that has remained so low for many years. It's insulting they think their rates are acceptable to a doctoral level provider and refuse to keep up at all with the cost of living over the past 10 years with the lowest rates that have not gone up at all.
- I take all in-network insurance plans so I can see the community. That's my mission. But \$9/\$19 reimbursement from UHC is beyond the pale. I resigned.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: UHC (CONT.)

- There is a major access issue posed for middle- and working-class families who rely on in-network coverage to see a psychologist. Reimbursement by some carriers such as UHC is so low that I doubt many psychologists would accept it. And most panels do not accept new members, thus severely limiting access for no good reason that I can see. UHC/Optum/Oxford in-network coverage is a dramatic outlier in it's terrible in-network reimbursement. Often I help patients on Husky return to work, and when they get in-network insurance they can't see me anymore. Then they lose their job and coverage, and go back on Husky. It's crazy.
- I am increasingly encountering a United Health Care out-of-network plan that caps out of network psychotherapy at "70% of Medicare" with a very large deductible. This is bogus--there is no organic relationship between Medicare rates and UHC rates. The net effect is a patient can NEVER meet their out or network deductible, so in effect, UHC is NOT offering any out-of-network mental health coverage on these policies. But they pretend they do.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: HUSKY, MEDICARE

- It is tragic when a patient goes off Husky because therapy helped them return to the work force, gets commercial insurance that doesn't cover their therapy, and loses the support that got them off Husky.
- I have avoided paneling with insurance other than Husky due to low reimbursement rates, the time commitment associated with getting paid for work done, and the hassles associated with this.
- I feel a moral obligation to continue as a Medicare provider. I live in an area where there are many elderly. I am a Medicare recipient. I am sorry to have resigned from so many other panels; sorry on behalf of the people who pay a lot of money for a benefit they cannot use. That is especially true here in the NW Corner of CT. Many of my colleagues have stopped taking any insurance at all. I made a lot more money in the 70's and early 80's than I do now.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: GENERAL

- I think we have to lobby for increase in rates of reimbursement. Out of network reimbursement is far superior and reinforces abandoning membership on panels.
- Necessary evil.
- Wish I didn't have to deal with them, but I do.
- At this point this is a dominant issue in my job. I am considering private practice, which would involve selling my home for capital, to move beyond the low reimbursement and high volume we face at the clinic where I work.
- Clinical reviews can be time-consuming and laborious.
- I despise them.
- I have not had an adversarial style of interaction and generally find positive outcomes with the exception of the aforementioned audit that was my fault and a byproduct of relocation and dissolution of a practice. I wish psychologists were more helpful to one another for their success.
- They are not frequently helpful.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: GENERAL (CONT)

- I will not deal with them myself as I'm sure I would have to drink myself to sleep at night if I did so. I have been able to see patients out of network because Shared Response deals with those demons for me, and at a very reasonable price!
- Insurance companies are looking only to line their own/employees pockets. They have no interest at all in the health or wellbeing of those they insure.
- No financial improvements in many years.
- Mostly dissatisfied with poor reimbursement rates.
- Pre-authorization has improved over the years mostly due to parity laws. However reimbursement rates continue to be unacceptable with some companies not significantly changing their rates since the 1990's-- that is the reason I quit one particular company because their rate had not changed I wrote to them and they were unwilling to even consider a better rate much less to even negotiate a better rate.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: GENERAL (CONT)

- I am semi-retired, so have decades of experiences with insurance companies. My main complaint is that their reimbursement rates are too low. I have decided to accept insurances because it allows me to see a wide range of patients from all different walks of life.
- I was just explaining to another psychologist that I paid my CPA and APA dues on credit card even under duress economically because of my loyalty to our profession. I am also credentialed as an evaluator for DCF and have functioned as a neuropsychologist for individuals and their families who have received benefits under the Acquired Brain Injury Waiver
 - They reject or limit my hours.
 - They pay me far more out of network.
 - They're very challenging and overall provide low reimbursement in CT
 - They are too difficult to join, too confusing to maintain, and don't reimburse well enough.

Q15: IS THERE ANYTHING ELSE YOU WANT TO TELL US: GENERAL (CONT)

- Some of the denials seem like game-playing on the part of the insurance companies--they will deny claims arbitrarily when they have already paid a previous claim with a different date of service. I see it as a game, to make them pay the correct amounts, sort of like doing crossword puzzles. If you fill in the right boxes, you get paid.
- I could easily go on a rant or two about this, but suspect it wouldn't really be productive. Thanks for asking though!
- No. Thank you.
- Thank you
- It would take far too long